

Teamsters Local 641 Welfare Fund

714 Rahway Avenue, 2nd Floor, Union, NJ 07083

Telephone: (908)687-4488

Fax: (908)687-8368

www.641funds.org

Check here if change
of address only. ☐

Census Form

Important: No Benefits Will Be Paid Unless This Form is Fully and Properly Completed, Signed and Returned to the Fund Office.

PLEASE PRINT BELOW:

Social Security Number	First Name	Middle Initial	Last Name		
ADDRESS: Number and Street		Apt. No.	City	State	Zip
Phone Number Area ()	Employer Name	Address			
Birth Date: Mo. Day Yr. / /	☐ Male ☐ Female				
Marital Status:		☐ Single	☐ Married	☐ Divorced	☐ Separated ☐ Widowed
Employment Status: ☐ Active ☐ Retired		If Retired, Name & Address of your present employer:			
Name and Address of Spouse's Employer:					
Does spouse have medical coverage where he/she works? ☐ Yes ☐ No If yes, check type of coverage(s) ☐ Basic ☒ Major Medical ☐ Dental ☐ RX					

DEPENDENTS

MUST ATTACH MARRIAGE CERTIFICATE AND BIRTH CERTIFICATE(S) THAT SHOWS BOTH PARENTS' NAMES

First Name	Initial	Last Name	Address	Sex M or F	Relation	Date of Birth
					☒ Spouse	
					☐ Son	
					☐ Daughter	
					☐ Son	
					☐ Daughter	
					☐ Son	
					☐ Daughter	
					☐ Son	
					☐ Daughter	
					☐ Son	
					☐ Daughter	

BENEFICIARY INFORMATION

Social Security Number	First Name	Last Name			
ADDRESS: Number and Street		Apt. No.	City Beneficiary	State	Zip
Relationship to You (Son, Daughter, Nephew, etc.)		Date of Birth	Telephone # / /		

Note any additional information on reverse side.

I hereby certify that the above statements are true and that false statements will disqualify me for benefits.

EMPLOYEE'S SIGNATURE _____

DATE _____